CHILD (2–4 YEARS) NUTRITION QUESTIONS

Child's Name:	Age of Child:

Please circle or write your answers to the following questions:

1. When is your child's next doctor's appointment? _____ Dentist? _____
2. **What do you give your child?** *Vitamins/Minerals Fluoride Iron None*
   Other Medications (list) _____
3. My child currently has: *Allergies Wheezing Rash Constipation Diarrhea None*
4. **What things, other than food, does your child eat?** *Dirt Clay Carpet Fibers Laundry Starch Cigarette Butts Paint Chips Dust Ashes None Other (list)* _____
5. Has your child had a blood lead test? *Yes No If yes, when?* _____

6. **How would you describe your child's eating?**
   OK Picky Too much Not enough Other _____
7. **How many times *a week* does an adult eat a meal with your child?**
   Never 1-3 times 4-6 times 7 or more times
8. Who prepares the meals for your family? _____
9. How would you describe meals with your family?
   Usually pleasant Sometimes pleasant Not pleasant Other _____
10. How many times *a week* does your family eat fast food or food from a restaurant?
    Never 1-2 times 3-4 times 5 or more times
11. **What does your child eat/drink on most days?**
    - *Juice Soda Kool Aid/Punch Gatorade Water*
    - *Fruits Vegetables*
    - *Milk (Skim Lowfat Whole) Cheese Yogurt Cottage Cheese Pudding/Custard*
    - *Meat Hotdogs Chicken Turkey Fish Tofu Beans/Lentils Peanut Butter Eggs Nuts*
    - *Breads Cereal Tortillas Rice Noodles Rolls Crackers Pan Dulce*
    - *Candy Cookies Cakes Donuts Ice Cream Chips French Fries*
    - *Other (list)* _____
12. What are your child's favorite food(s)? _____
13. **What food(s) does your child dislike or is unable to eat?** _____
14. **My child uses the following to eat or drink:** *Breast Bottle Cup Spoon Fork Fingers*

15. What do you think about your child's size? *Too little Too big OK*
16. What kinds of activity does your child do? _____
17. How many hours is a TV on (includes video games, movies, gameboy) in your house each day? _____
18. **Do you ever run out of money or food stamps to buy food?** *Yes No*
19. What nutrition and health questions do you have today? _____

For Staff Use Only

Date: _____ WIC Staff Name: _____

Participant WIC ID#: _____ Height: _____ Weight: _____

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